

AMERICAN OTOLOGICAL SOCIETY. Transactions of Meetings 1 to 4, and vol. 3, part 2, 1883.  
 AMERICAN PEDIATRIC SOCIETY'S TRANSACTIONS. Vols. 2 and 4.  
 ANNALS OF SURGERY. Vols. 1 to 8. Philadelphia.  
 ARCHIVES DE NEUROLOGIE. Tomes 1-22.  
 ARCHIVES GÉNÉRALES DE MÉDECINE. Tomes 1-16, tomes 25 to 1856, 1858 to 1864, 1872 to date.  
 ARCHIVES OF OPHTHALMOLOGY. Vols. 1-7 and since vol. 13.  
 ARCHIVES OF OTOTOLOGY. Vols. 1-7, 10, and since 11.  
 ARMY MEDICAL DEPARTMENT. Report, 1886.  
 ARMY VETERINARY DEPARTMENT. Report, 1892.  
 ASCLEPIAD, THE. 1892 and 1893.  
 ASSOCIATION MEDICAL JOURNAL. July 28th, August 4th, 1854.  
 BELL (Chas.). Surgical Observations. Vol. 2, 1818.  
 BRAIN. Part II, Vol. 15.  
 BRITISH GUIANA HOSPITAL REPORTS (formerly Georgetown Hospital Reports). 1881-1890.  
 BRITISH JOURNAL OF DERMATOLOGY. Prior to 1893.  
 BURDETT'S HOSPITALS AND ASYLUMS OF THE WORLD. Vols. 1 and 2.  
 CENSUS REPORTS. 1881.  
 CHARCOT. Maladies du Système Nerveux. Subsequent to Tome 1, 1892.  
 COLE. Dental Student's Note Book.  
 COOPER (Sir Astley). Illustrations of Diseases of the Breast. Part 2, 4to. London, 1829.  
 CUNNINGHAM. Anatomy of the Abdomen.  
 DOWSE ON THE BRAIN. Vol. 2. Neuralgia.  
 DUBLIN MEDICAL PRESS. 1839-1862.  
 HOSPITAL GAZETTE. Vol. 8, No. 21, November 1st, 1861.  
 EDINBURGH MEDICAL JOURNAL. Vols. 25-31, new series.  
 MEDICO-CHIRURGICAL TRANSACTIONS. Vol. 8.  
 OBSTETRICAL SOCIETY. Transactions. Vol. 5.  
 GLASGOW MEDICAL JOURNAL. Vols. 1 to 7 and 31.  
 PATHOLOGICAL SOCIETY. Transactions. Vols. 1 and 2.  
 GRIFFIN'S YEARBOOK OF SCIENTIFIC AND LEARNED SOCIETIES. 1884-85. 1891, 1892.  
 GROSS (Samuel D.). Autobiography of. Vol. 2. Philadelphia.  
 GUY'S HOSPITAL REPORTS. Vols. 11, third series.  
 HEALTH EXHIBITION LITERATURE. Vols. 13-16, 1884.  
 HOSPITAL ANNUAL. 1891-92.  
 HYGIENE. Vols. 1 to 6.  
 INDIAN MEDICAL GAZETTE. Any vols. prior to 1884, and July and December, 1893.  
 INTERNATIONAL CLINICS. Subsequent to vol. 4.  
 INTERNATIONAL CONGRESS OF EXPERIMENTAL PSYCHOLOGY. Reports of Sessions 1 and 3, 1891-93.  
 INTERNATIONAL MEDICAL MAGAZINE. Nos. 1-9.  
 JOHNS HOPKINS HOSPITAL REPORTS. Vol. 1.  
 JOURNAL OF ANATOMY AND PHYSIOLOGY. Vol. 1, part 1 of vol. 2, parts 1 and 3 of vol. 11, parts 1 and 2 of vol. 12.  
 JOURNAL OF MENTAL SCIENCE. Vols. 1-24. (Originally the Asylum Journal of Mental Science., 1853.)  
 JOURNAL OF PHYSIOLOGY. Vol. 9, part 1.  
 LONDON HOSPITAL. Clinical Lectures and Reports by the Medical and Surgical Staff. Vol. 4. And the Medical Reports. 1875-77.  
 LONDON MEDICAL GAZETTE. 1843-1851.  
 MEDICAL RECORDER. January, 1891.  
 MEDICAL OFFICER OF PRIVY COUNCIL. First Report of. 8vo. 1858.  
 MEDICAL SOCIETY OF LONDON. Transactions. Vols. 12 and 15.  
 MIDDLESEX HOSPITAL. Registrar's Reports. 1872 to 1874, 1877, 1882.  
 OPHTHALMIC REVIEW. Any vols.  
 PENNSYLVANIA MEDICAL SOCIETY. Transactions. Prior to vol. 14, and vols. 16 to 20, and since 21.  
 PHILADELPHIA COLLEGE OF PHYSICIANS. Transactions. Vols. 11 and 12.  
 PROVINCIAL MEDICAL AND SURGICAL JOURNAL. 1840. Being the first 52 numbers before October 2nd, 1841.  
 PUBLIC HEALTH. Vol. 3, 1892.  
 QUAIN'S ANATOMY. Schäfer and Thane. 10th edition. Vol. 1 and part 1, vol. 2.  
 REVUE DE L'HYPNOTISME. 1887-88.  
 REVUE DE L'HYPNOLOGIE. Dr. J. Luys. Since 1890.  
 ROYAL COLLEGE OF SURGEONS. Part 2 of Catalogue of Specimens of Osteology and Dentition  
 SANITARY RECORD. 1889 and subsequent vols.  
 SAJOUS ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. 1891-92.  
 LA SEMAINE MÉDICALE. Prior to 1890. Title and Index, 1892; any numbers, 1893.  
 TRÖLTSCHE. Diseases of the Ear (not Sydenham Society's).  
 UNIVERSITY COLLEGE HOSPITAL REPORTS. Before 1877 and since 1890  
 WEST LONDON MEDICO-CHIRURGICAL SOCIETY. Proceedings after 1891  
 Applications for duplicates from medical societies forming libraries may be addressed to the Sub-librarian, 429, Strand.

## AUTOMATIC WRITING

### VIII.

By CHARLES MERCIER, M.B.

*Intellect and Emotion.—Epileptic Automatism.—Somnolence.*  
 THE narratives of Mr. Stead upon this subject are of some interest, not so much in themselves—for his experiences are in no material respect different from those of scores of his predecessors—but as illustrations of the inefficacy of the acutest intellect to reach sound conclusions, unless the intellect rests upon a foundation of character stable enough not to be shifted about by the waves of emotion. Mr. Stead has taken to champion the cause of worn-out superstitions, and

we shall expect to find him ere long producing experiences of witchcraft, and testifying to personal attendance at a witches' sabbath.

In the article by "Hypnos" an explanation of automatic writing has been given, which, allowing for the colloquial inaccuracies necessary to bring the matter home to the lay mind, is very fairly accurate. The nervous mechanism of automatic writing has its nearest ally in that of *petit mal*. In the latter affection the highest nerve regions are placed suddenly out of action, and their subordinates act without the guiding action of the superiors, stimulated and directed by peripheral impressions only. In this condition the patient will do whatever he has been in the habit of doing, provided that some more or less appropriate peripheral stimulus is provided; but the action, being unguided by the highest nerve regions, will fail in appropriateness to surrounding circumstances. Thus, if a woman is seized with *petit mal* when she is cutting bread and butter, she will continue to use the knife, but will use it inappropriately—will cut, as in one case, her arm; or, as in another case, her child's throat. A soldier, thus seized, finding his rifle in his hands, will load and discharge it. A clerk so seized, with a pen in his hand, will continue to make more or less intelligible marks on paper.

In automatic writing the essential condition for success is that the operator should, in Mr. Stead's words, "make his mind passive," must "disconnect his hand from his conscious brain." In other words, he produces artificially that removal of the control of the higher nerve regions over the lower, which, in *petit mal*, is produced by disease. Those lower nerve regions which actuate the movements of writing being thus uncontrolled, and being stimulated by the presence of the pencil in the hand, proceed to act, and produce marks upon the paper, more or less intelligible, as in the former case. What actual words shall be written depend upon a variety of quasi-accidental circumstances precisely similar to those which determine the character of dreams—circumstances with which we are at present not fully acquainted, though we know enough of them to be sure that they are not supernatural. But the mystery which poses Mr. Stead, the mystery that his hand writes things of which he knows nothing, is not more mysterious than that he dreams things of which he has had no previous experience. Somnolence is not commonly considered evidence of demoniacal possession; and if not, there is no reason why somniscience should be considered evidence of possession by spirits. In automatic writing, the relation of the highest nerve regions towards the regions actuating the movements of writing is substantially the same as is their relation in somnolence to the regions actuating articulatory movements. In neither case is there need nor room for the agency of spirits, and the invocation of such agency is the sign of a mind not merely unscientific, but uninformed.

### IX.

By W. J. MICKLE, M.D., F.R.C.P.

*The Writing Spook.—Suggestion.—The Hypnotic Production of Automatic Writing.*

I THINK we may agree with the general drift and conclusions of the recent article by "Hypnos," on "automatic writing," in the *Pall Mall Gazette*. The introduction of the subjects of "unconscious movements" and of "the laws of suggestion" are particularly relevant to the discussion; and especially to be commended is the conclusion that there is no necessity whatever for the intervention of an external force or spirit to explain the phenomena of automatic writing; the intelligence thus shown being innate, or, more accurately, existent, in the person writing, and being part of him. Nevertheless, I do not think we can by any means fully accept the argument by which the conclusions are reached, or, more precisely, some of the details which are intercalated in that argument. For example, the sentences in which the "laws of suggestion" are formulated; and the statements immediately following those, and relating to insanity, are open to grave objection. But neither the one nor the other of these sets of statements need be accepted in order that we may arrive at the same general conclusions.

In fact, this subject of automatic writing is one that must be looked upon in the light of what is known as to suggestion, hypnotism, unconscious acts or movements, and the groups of facts concerning the sensory and motor outcome of activities ordinarily carried on, or in process, beneath the threshold of consciousness, but which thus ordinarily latent, may, under certain conditions, become manifest; in some individuals far more readily than in others; at some times with much greater facility than at others; and become thus manifest because of their emergence from below to above the threshold of consciousness. And somewhat analogous are the groups of phenomena summarised under the generic names of *chromatisms* and *phonisms*.

The hypnotic production of automatic writing is quite sufficient to afford a rational explanation as to the production of automatic writing, independently of an outside spirit influence. And the facts admitted by the writer in the *Gazette*—namely, those of the usually nonsensical or trivial, and in one case the "Steadese" (if one may use the word as an adjective) character of the automatic writing (although it is not intended to imply that these qualifying terms are necessarily synonymous), also tell against a productive outside spirit influence. But, indeed, their help is not needed. The whole notion of an outside agent or force—angel, demon, spook, or spirit—directly bringing about the production of automatic writing, and of analogous phenomena, is an absurdity negated by every scientific consideration, and unsupported by any.

### OPIUM IN HYDERABAD STATE.

THE following is a *précis* of the evidence given by Surgeon-Lieutenant-Colonel Edward Lawrie, Residency Surgeon, Hyderabad, before the Royal Commission on Opium on January 4th:

1. *Length of Service.*—I have served in India for twenty-one years, during the last eight years of this period in Hyderabad.

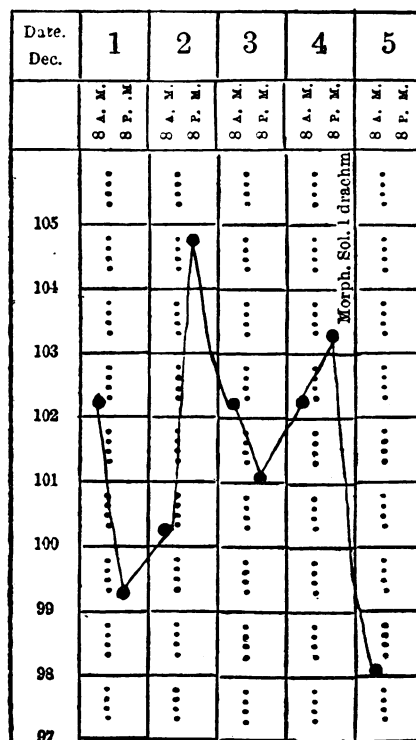
2. *Personal Prejudice against Opium.*—I was strongly prejudiced against opium, even as a remedy, when I came out to India in 1872. I regarded all opium eating and smoking as vice, and hardly dared to employ opium at all in diseases of children. The opinions I now hold are founded upon facts and circumstances which have come under my own observation.

3. *Personal Experience of Opium in Medicine.*—My experience of opium as a remedy is probably the same as that of hundreds of other medical men. At first I was much astonished to find that opium in full medicinal doses does not necessarily produce sleep. I then discovered that, though it does not produce sleep in cases where it is intended to do so, its general effect is almost invariably beneficial. The third stage in my personal experience of opium consists in the employment of the drug in bowel complaints, such as diarrhoea, enteritis, dysentery, and cholera, in which diseases its advantages are universally acknowledged, and also as a prophylactic and curative agent in certain forms of malarial disease. The statement which has been put forward of late—that opium is of no use in malarious fever except to relieve the pains of the disease—is incorrect. Fact takes precedence of opinion in a question of this kind, and the following facts disprove it: Malarious remittent fever was usually prevalent in Hyderabad during the last three months of 1893, and the clinical charts which are here reproduced form part of the record of two recent cases in which this disease was arrested by one of the alkaloids of opium.

In the first of these cases the patient had been ill for five days, and in the second for three, before coming under my observation. Both were characterised by intolerable headache, which prevented sleep, uncontrollable vomiting, and the absence of any intermission of the fever. All the known remedies had been tried without relief. In each case a full dose of morphine was given at about 9 P.M. The effect was that the headache disappeared, refreshing sleep was obtained, and both patients woke up next morning free from fever.

4. *Medicinal Use of Opium by the People.*—Opium is employed as a domestic remedy by all classes of people in India; it is given to Indian children from the age of a month up to 2 years—by the poor to keep them quiet, and by poor and rich alike as a prophylactic against the bowel complaints, fevers,

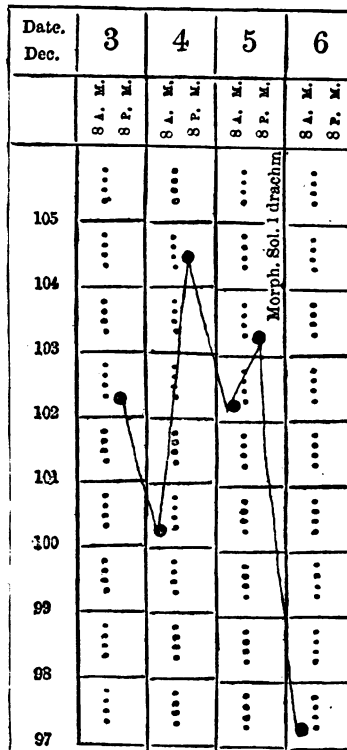
and others diseases which are incidental to dentition. It is taken by adults in Hyderabad to protect them against



CASE I.—(Private.) Uncomplicated malarious remittent fever. Mrs. P., aged 29.

cholera, of which they stand in great dread, as well as against fever, diarrhoea, and dysentery. Personally, I believe that opium does afford very efficient protection against bowel disorders, such as acute enteritis in children, and diarrhoea, dysentery, and cholera in adults. I have proved above that it exercises a curative action in malarious disease, and it is not unreasonable to suppose that it may have a prophylactic effect in the case of both bowel disorders and malaria, if only by protecting the system against chills.

5. *The Opium Habit.*—In India the opium habit (*adat*) is generally contracted on the advice of friends or of hakims (*doctors*), much in the same way as the alcohol habit is in England. I may state at once that in Hyderabad the ordinary opium eater, whether male or female, is entirely above the suspicion of vice. Though the use of opium is frequently begun as a prophylactic after attacks of cold or bowel complaint, or as a remedy in painful



CASE II.—(Hospital.) Malarious remittent fever, with complications. Miss H., aged 21.